



STUDIES

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AN ASSESSMENT OF CONTINUITY OF PATIENT CARE BETWEEN TWO PUBLIC HEALTH DEPARTMENT SERVICES: ONE USE OF THE NORTH CAROLINA HEALTH SERVICES INFORMATION SYSTEM (HSIS)

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ABSTRACT

For women with live births during 1986, Health Services Information System files of maternal health and family planning services were linked in order to determine continuity of care between these services. Of the women with 1986 live births reported through maternal health services, 56% received family planning services within 90 days of giving birth. Thirty-six percent of the women who were closed out of family planning services due to pregnancy received maternal health services in a health department within 90 days. Most women who continued in maternal health did so within 60 days of closure of the family planning record, and the average delay was 37 days. Continuity of care varied considerably among smaller health departments, but among the larger departments it was positively related to the number of patients served. Evaluation of maternal health records of women with live births during 1987 showed that prior enrollment in family planning was significantly associated with reduced probability of a low-weight birth, and this effect was greatest with nonwhites. The data suggest that effectiveness of case management procedures varies considerably among health departments, and that continuity between maternal health and family planning programs is beneficial especially for the indigent population served by health departments.